FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION all Processing Washington, D.C. 20549

FORM D

MAR 2 6 2008

SEC

Section

OMB Number	: 3235-0076
Expires:	April 30, 2008
Estimated ave	erage burden
hours per res	ponse 16.00

OMB APPROVAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. Ashington, DC **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ONLY
Prefix	Serial
	1
DATE	RECEIVED

Name of Offering (check if this is an amendment and name has changed, and i	ndicate change.)	ROCESSED
Secured Senior Subordinated Notes due March 12, 2013		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 50	6 Section 4(6) ULOE	APR 0 3 2008
Type of Filing: New Filing Amendment		MFR U 3 ZUU0
A. BASIC IDENTIFICATI	ON DATA	THOMEON
Enter the information requested about the issuer		1110M2OM
Name of Issuer (check if this is an amendment and name has changed, and ind	icate change.)	FINANCIAL
Anacomp, Inc.	3 ,	
Address of Executive Offices (Number and Street, City, State, Zip Co	ode) Telephone Number (Including Area C	Code)
15378 Avenue of Science, San Diego, CA 92128	(858) 716-3400	,
Address of Principal Business Operations (Number and Street, City, State, Zip Co	ode) Telephone Number (Including Area C	Code)
(if different from Executive Offices) Same	Same	,
Brief Description of Business		
•		
Business Process Solutions Company.		:
Type of Business Organization		
☐ limited partnership, already formed	other (pl	
business trust limited partnership, to be formed		
Month Year	0.	8041783
Actual or Estimated Date of Incorporation or Organization: 0 4 6 8		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	<u> </u>	
•		
CN for Canada; FN for other foreig	n jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	ENTIFICATION DATA						
2. Enter the information	•	_							
		issuer has been organized							
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 									
	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
		r of partnership issuers.							
Check Box(es) that Apply	: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first Dratier, Howard	st, if individual)								
Business or Residence Ad 15378 Avenue of Science	·	• • • • •	Code)						
Check Box(es) that Apply	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first Cartwright, Jeffrey S.	st, if individual)	·							
Business or Residence Ad	•		Code)						
15378 Avenue of Science Check Box(es) that Apply	·····	Beneficial Owner		Director	General and/or				
Full Name (Last name firs					Managing Partner				
Business or Residence Ad 15378 Avenue of Science	Idress (Number		Code)						
Check Box(es) that Apply		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name fire	st, if individual)								
Business or Residence Ad 15378 Avenue of Science	*		Code)		4.44.4.				
Check Box(es) that Apply	: Promoter	☐ Beneficial Owner	⊠ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first Ullman, Tom	st, if individual)								
Business or Residence Ad 15378 Avenue of Science			Code)						
Check Box(es) that Apply	r: Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first Shute, Bill	st, if individual)								
Business or Residence Ad 15378 Avenue of Science	•		Code)						
Check Box(es) that Apply	r: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name fire	st, if individual)		· · . <i>p</i>						
Business or Residence Ad 15378 Avenue of Science	· ·		Code)						
		nk sheet, or copy and use	additional copies of this sl	neet, as necessar	y.)				
	T								
		A. BASIC IDE	ENTIFICATION DATA						

of the issuer;					more of a class of equity securities
 Each executive of 	ficer and director	of corporate issuers and o	of corporate general and n	nanaging partner	rs of partnership issuers; and
Each general and a	managing partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first Ziegler, Michael	, if individual)				
Business or Residence Add 15378 Avenue of Science,	`	• • • • •	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first DiScipio, Arthur J.	, if individual)				
Business or Residence Add 15378 Avenue of Science,	•	•	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first Mullahey, Lesli	, if individual)				
Business or Residence Add 15378 Avenue of Science,			Code)	_	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first Najar, Paul J.	, if individual)				
Business or Residence Add 15378 Avenue of Science,	•	• • •	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first Tennenbaum, Michael E.	•				
Business or Residence Add 15378 Avenue of Science,	•	• •	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first Howe, Alan B.	, if individual)				
Business or Residence Add 15378 Avenue of Science,	•	•	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first Leitner, Michael	, if individual)				
Business or Residence Add 15378 Avenue of Science,			Code)		
	(Use blan	k sheet, or copy and use	additional copies of this sl	neet, as necessar	y.)
		A. BASIC IDE	ENTIFICATION DATA		

2. Enter the information requested for the following:

3 of 10

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	 Each promoter of the issuer, if th Each beneficial owner having the of the issuer; 	_	•	*	more of a class of equity securities
Each general and managing partner of partnership issuers. Check Box(es) that Apply:	•	or of corporate issuers and	of cornorate general and n	nanaging partne	rs of partnership issuers; and
Managing Partner Managing Partner			or corporate Source and h		o. p
Full Name (Last name first, if individual) Tseng, Philip M. Susiness or Residence Address (Number and Street, City, State, Zip Code) 15378 Avenue of Science, San Diego, CA 92128 Check Box(es) that Apply:	Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	_
15378 Avenue of Science, San Diego, CA 92128 Check Box(es) that Apply: □ Promoter					
Full Name (Last name first, if individual) Tennenbaum Capital Partners, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2951 28th Street, Suite 1000, Santa Monica, CA 90405 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Trinity Universal Insurance Company Business or Residence Address (Number and Street, City, State, Zip Code) One East Wacker Drive, Chicago, Illinois 60601 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Miller III, Lloyd I. Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Gordon Drive, Naples, FL 34102 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	•		Code)		
Tennenbaum Capital Partners, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2951 28th Street, Suite 1000, Santa Monica, CA 90405 Check Box(es) that Apply:	Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	
Managing Partner Full Name (Last name first, if individual) Trinity Universal Insurance Company Business or Residence Address (Number and Street, City, State, Zip Code) One East Wacker Drive, Chicago, Illinois 60601 Check Box(es) that Apply:	Full Name (Last name first, if individual) Tennenbaum Capital Partners, LLC				
Managing Partner Full Name (Last name first, if individual) Trinity Universal Insurance Company Business or Residence Address (Number and Street, City, State, Zip Code) One East Wacker Drive, Chicago, Illinois 60601 Check Box(es) that Apply:	•	•	Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Miller III, Lloyd I. Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Gordon Drive, Naples, FL 34102 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	_
One East Wacker Drive, Chicago, Illinois 60601 Check Box(es) that Apply:					
Full Name (Last name first, if individual) Miller III, Lloyd 1. Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Gordon Drive, Naples, FL 34102 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	•	• • • •	Code)		
Miller III, Lloyd I. Business or Residence Address (Number and Street, City, State, Zip Code) 4550 Gordon Drive, Naples, FL 34102 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)					
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	•	r and Street, City, State, Zip	Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	_
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if individual)				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address (Number	r and Street, City, State, Zip	Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	
	Full Name (Last name first, if individual)				
	Business or Residence Address (Number	r and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(es) that Apply:	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address (Number	r and Street, City, State, Zip	Code)		
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	(Use b	ank sheet, or copy and use	additional copies of this s	heet, as necessar	y.)
B. INFORMATION ABOUT OFFERING		R INFADMATI	ON A ROUT OFFFDIN	<u> </u>	

1 17 4h -		11_				### J !	!	.cci0			Yes	No ⊠
i. Has the	issuer sold,	or does the			ppendix, Co			_	***************************************		لسا	
2. What is	the minimu	ım investme			• •		_				\$1.00	
				•							Yes	No
3. Does th	. Does the offering permit joint ownership of a single unit?										\boxtimes	
commis a person states, 1	he informat ssion or sim n to be liste list the name or dealer, yo	ilar remune d is an asso e of the bro	ration for so ciated perso ker or dealo	olicitation on on or agent er. If more	f purchasers of a broker than five (s in connect or dealer re 5) persons	ion with sa egistered wi to be listed	les of securi th the SEC	ties in the and/or with	offering. If a state or		
Full Name	(Last name	first, if indi	vidual)									
Business o	r Residence	Address (N	umber and	Street, City	, State, Zip	Code)		<u>. </u>				
Name of A	ssociated B	roker or De	aler									
States in W	/hich Persor	Listed Has	Solicited o	or Intends to	Solicit Pu	chasers						
	All States" o									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[! N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[l/l] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	(OK] (WI)	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if indi	ividual)									
Business o	r Residence	Address (N	lumber and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
	hich Person											
	All States" of											
	[AK]						[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	(KY)	[LA] [NM]	[ME]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	[NY] [VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	iviđual)									
Business o	r Residence	: Address (N	lumber and	Street, City	y, State, Zip	Code)						
Name of A	Associated B	roker or De	aler				-					
	Vhich Perso											
	All States" of			151					**************************************			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL] [MT]	[IN]	[IA]	[KS]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price		, Amount Already Sold
	Debt	\$10.000.000.00		\$8,000,000.00
	Equity			\$0.00
	☐ Common ☐ Preferred	<u>******</u>		4
	Convertible Securities (including warrants)	\$0.00		\$0.00
	Partnership Interests	\$0.00		\$0.00
	Other (Specify)	\$0.00		\$0.00
	Total			\$8,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	<u>3</u>		\$8,000,000.00
	Non-accredited Investors	<u>o</u>		<u>\$0.00</u>
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T. 6		D. W. 4
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			
	Regulation A			
	Rule 504			
	Total			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			<u>\$0.00</u>
	Printing and Engraving Costs			\$0.00
	Legal Fees		\boxtimes	\$204,000.00
	Accounting Fees			<u>\$0.00</u>
	Engineering Fees	••••••		<u>\$0.00</u>
	Sales Commissions (specify finders' fees separately)	*******		<u>\$0.00</u>
	Other Expenses (identify)	••••••	\boxtimes	\$0.00
	Total		\boxtimes	\$204,000.00

	C. OFFERING PRIC	CE, NUMBER OF INVESTORS, EXPENSES AN	ID U	SE OF PR	OCEEDS	···	
	and total expenses furnished in response to Part	offering price given in response to Part C - Quest t C - Question 4.a. This difference is the "adjusted	gros			\$7,796,0	00.00
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.							
				Payme Offic Direct Affil	cers, ors, &	Payme Oth	ents to ers
	Salaries and fees			\$0.00		\$0.00	
	Purchase of real estate				_	\$0.00	
		f machinery and equipment				\$0.00	
		nd facilities			_	\$0.00	
	Acquisition of other business (including the		_	70.00		40.00	
	offering that may be used in exchange for the	ne assets or securities of another					
	issuer pursuant to a merger)			\$0.00			
	Repayment of indebtedness			\$0.00		\$0.00	
	Working capital			\$0.00	×	\$7,796,0	00.00
	Other (specify):						
				<u>\$0.00</u>		\$0.00	
	Column Totals			\$0.00	 	\$7,796,0	00.00
	Total Payments Listed (column totals added		\boxtimes	\$7,796,000			
<u> </u>		D. FEDERAL SIGNATURE]
sig	nature constitutes an undertaking by the issuer to	by the undersigned duly authorized person. If this of furnish to the U.S. Securities and Exchange Comedited investor pursuant to paragraph (b)(2) of Rule	miss	ion, upon v			
lss	uer (Print or Type)	Signature		Da	#1 - 1. l		-
An	acomp, Inc.	1.37			724/20	08	_
	me of Signer (Print or Type)	Title of Signer (Print of Type)			, ,		
Pa	ıl J. Najar	Executive Vice President/Administration, General Counsel and Secretary					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

